

Name of Establishment: _____

Contact Person: _____ Email Address: _____

Number of Employees as of January 1: (Must be 50 employees or less)

North American Industrial Classification System: _____ (4 digits)

Annual 300 Log(s) and 300A signed summary attached for the past two years:

Company name to be printed on certificate: _____
(Please Print)

Preferred location of the award presentation: (check one)

- ☐ At the Conference on Construction Safety: (Annually in January)

official certify the above information to be true and correct to the best of my knowledge.

- ☐ AWARD APPLICATION
- ☐ 300 A
- ☐ 300 LOGS